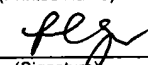


IF 1634

Atty. Dkt. No. 064189-0201

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Heinz-Josef LENZ, et al.  
Title: GENOMIC POLYMORPHISM  
FOR PREDICTING  
THERAPEUTIC RESPONSE  
Appl. No.: 09/715,764  
Filing Date: 11/15/2000  
Examiner: Sitton, Jehanne Souaya  
Art Unit: 1634  
Conf. No.: 7045

<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date below.  Esther Lily C. Esguerra (Printed Name)   (Signature)  July 27, 2006 (Date of Deposit)
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**AMENDMENT TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

[ X ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

[ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	22	-	22	=	0	x	\$50.00	=	\$0.00
Independent Claims:	2	-	3	=	0	x	\$200.00	=	\$0.00
First presentation of any Multiple Dependent Claims: + \$360.00									\$0.00
CLAIMS FEE TOTAL									\$0.00

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510.00 DP

SVCA\_37636.1

[ X ] Declaration of Peter V. Danenberg Under 37 C.F.R. §1.132 and Curriculum Vitae.

[ X ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ X ] Extension for response filed within the third month:	\$1,020.00	<u>\$1,020.00</u>
EXTENSION FEE TOTAL:		<u>\$1,020.00</u>
[ ] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	<u>\$0.00</u>
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:		<u>\$1,020.00</u>
[ X ] Small Entity Fees Apply (subtract ½ of above):		<u>\$510.00</u>
Extension Fees Previously Paid:		<u>\$0.00</u>
TOTAL FEE:		<u>\$510.00</u>


A credit card payment form in the amount of \$510.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: July 27, 2006

By 

FOLEY & LARDNER LLP  
Customer Number: 38706  
Telephone: (650) 251-1129  
Facsimile: (650) 856-3710

Antoinette F. Konski  
Attorney for Applicant  
Registration No. 34,202